

Declaration for Patent Application

Docket Number: 1857.0290000

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled: Wafer Handling System and Method for Use in Lithography Patterning.

the specification of which is attached hereto unless the following box is checked:

- ☐ was filed on _____;
as United States Application Number or PCT International Application Number _____; and
was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information that became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application, which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)	Priority Claimed
<div style="display: flex; justify-content: space-between;"> <div>_____ (Application No.)</div> <div>_____ (Country)</div> <div>_____ (Day/Month/Year Filed)</div> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-between;"> <div>_____ (Application No.)</div> <div>_____ (Country)</div> <div>_____ (Day/Month/Year Filed)</div> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

_____ (Application No.)	_____ (Filing Date)
_____ (Application No.)	_____ (Filing Date)

Send Correspondence to:

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.
1100 New York Avenue, N.W.
Suite 600
Washington, D.C. 20005-3934

Direct Telephone Calls to:

(202) 371-2600

